Secretary of State PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

Rev. 06/2006	State of Idah	T	ST ANNUA	L REI	PORT FORM		Page This space (	POR OFFICE US		
	Ben Ysursa Secretary of St	·		.67-661	67-6619)			O7 JUN 26 AM II: 11 STATE OF IDAHO		
	Type or print clea	rly in black ink) bottom of page	Annual	<b>✓</b>	Semi-Annu	al			OF IDAHO	
Lobbyist's name and	l permanent busine	as address		Date	e prepared		Period 6			
Kent W. Day Liberty Mutual Insurance P.O. Box 6358 Boise, ID 83707-6358					6/26/2007 (M			year endin	(Yr.) 2007	
Item Tota	als of all reportab	le expenditures made or	r incurred by Lob	byist or	by Lobbyist's Empl	oyer on beha	lf of Lobby	yist's Émplo	yer.	
Category of Reimbursed Persona	Proportionate ame Item 3, at bottom	Proportionate amounts contributed by each employer (I ftein 3, at battom of page.)				dentily employers, under				
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		All Employers	Employer No.	. 1	Employer No. 2	Employer No. 3		Employer	No. 4	
Entertainment Food and Refreshment		\$	\$	s	S	s		\$		
Living Accommod	ations									
Advertising			N=/1				<b></b>		<del></del>	
Travel										
Telephone									· · · · · ·	
Other Expenses or	Services								······································	
	Tota!	s0.00	\$0.	.00 \$	\$0.00	s	0.00	\$	0.00	
		are reporting for require							on Page 1.	
Item The totals  Date	s of each expendi	ture of more than fifty d		legialato Imount	Names of Legis				in Grown	
Date	n attached puge(s)	Place				aurs, ruone	and isoseth	iyo Omeiais	ш стоор	
	INST	RUCTIONS		Item 3	Em	ployer(s) Nam	e(s) and Ad	idress(es)		
Who should fi 67-6617 Idaho		ıy lobbyist registered цт	nder Section	No. 1	Liberty Mutual I 83707-6358	nsurance,	P.O. Box	x 6358, Bo	oise, ID	
Filing deadlin		t is due on January 31st bbist semi-annual report		No. 2						
TO BE FILED WITH: Ben Ysursa										

No. 4

Item 4	Expe	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.							
Subject (from ) 20 20 20 20 20 20 20 20 20 20 20 20 20	Subjet or Hot the Late Code table)	ect mutter puse Bill, obbyist w Bill, Re Legislut	Amount	tion, the number of the Senate r logislative activity in which pposing.	Cod 01 02 03 04 05 06 07 08 09 10 11 12 13 13 14 15 16	LEGISLATIVE SUI  E Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county	BJECT Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30	IDENTIFICATION  Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, nowspaper, power, CATV, gas Other (please specify)	
					<u></u>	breed statement in accordance with S	ection 6	7-6624 Idaho Code.	
Irem 6	cont	ract bid o		ecision, procurement, nelal services agreement or opposing.	L	obbyist signaturo		Date	
					Ēr	nployer No. 1 signature		Date	
					Bn	nployer No. 2 signature		Date	
					En	nployer No. 3 signature		Date	
					En	nployer No. 4 signature		Date	